

Patent Attorney's Docket No. <u>015290-457</u>

IN	THE UNITED	<b>STATES</b>	<b>PATENT</b>	AND T	ΓRADEMARK	<b>OFFICE</b>
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IN THE UNITED STATES PATENT	TAND TRADEMARK OFFICE			
In re Patent Application of	BOX AF (2/402)			
Jerome S. HUBACEK et al.	Group Art Unit: 1763			
Application No.: 09/749,916 )	Examiner: L. L. Alejandro Mülerd			
Filed: December 29, 2000	Confirmation No.: 6834			
For: ELECTRODE FOR PLASMA ) PROCESSES AND METHOD FOR ) MANUFACTURE AND USE THEREOF )	HOOM TO THE PARTY OF THE PARTY			

**Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

Enclo	osed is a reply for the above-identified patent application.		
[]	A Petition for Extension of Time is also enclosed.		
[]	A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.		
[]	Also enclosed is		
[]	Small entity status is hereby claimed.		
[X]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [X] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).		
	[X] Applicant(s) previously submitted <u>Amendment After Final Rejection</u> , on <u>October 28, 2002</u> , for which continued examination is requested.		
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.		
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.		
[X]	No additional claim fee is required.		

[ ] An additional claim fee is required, and is calculated as shown below:

		AMENDED	C L A I M S	**************************************	
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$84.00 (102) =	
If Amendment adds mu	ltiple depende	ent claims, add \$280	.00 (104)		
Total RCE Fee				740.00	
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fee		
TOTAL RCE FEE					\$740.00

г 1	A claim	fee in the	amount of \$	is enclosed
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[X] Charge \$\_740.00 \_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: A V

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Date: November 25, 2002